

A quick look at medical abbreviations

Abbreviations shorten the irksome chore of writing in the chart. Physicians take full advantage of them, peppering progress notes and order sheets with truncated words and acronyms that seem to fall into three groups: the ritualistic, the useful and the troublesome.

Strings like WDNWF in NAD (well developed, well nourished white female in no acute distress) and NSVD (normal spontaneous vaginal delivery) are exercises that probably would not be written at all if they could not be abbreviated. They are cant, intended to reassure the reader that the writer is carefully following the established rituals of "working up" a patient.

To be useful, an abbreviation must be widely understood and unambiguous and must carry an important meaning. Examples are *prn*, which stands for the Latin *pro re nata* (as the need arises), *stat.*, an abbreviation of the Latin *statim* (immediately), and the standard abbreviations of the units of measurement in the *Système international*. According to Neil M. Davis,¹ a professor of pharmacy concerned with errors in giving medications, doctors are currently scrawling at least 2300 different abbreviations. In the preface to his lively booklet Davis takes many abbreviations to task for being capricious, vague and sometimes dangerous. There is no consistent style for a given abbreviation; its letters may appear in upper or lower case, and its symbols may or may not be separated by periods or slashes. Although its writer may assume that the reader will understand it, this often depends on the context. For example, ID can mean intradermal, infectious disease, identification, immunodiffusion or id; AP can mean anteroposterior, antepartum, apical pulse, assessment and plans, or appendicitis; PP can

mean post partum, post prandial, paradoxical pulse, pinprick or porphyria; and who would know that BLOBS means bladder obstruction?

Abbreviations can be misread or misinterpreted by clinical staff. OD, which stands for the Latin *omne die* (every day), was interpreted as the Latin abbreviation for right eye, and Lugol's solution was instilled in a patient's right eye. An order for saturated solution of potassium iodide in OJ (orange juice) was misread, and the expectorant was dropped into the unfortunate patient's left eye (OS). An order for TAB ("triple antibiotic" was intended) resulted in someone's diligently irrigating a wound with a diet soft drink.

The habit of abbreviating is formed in the clinical clerkship. Students recognize abbreviations as insider jargon that signals competence and use them with gusto. But they may also suspect that no one is going to read their progress notes. Computer programmers facetiously call such valueless information WOMs — an ugly acronym for "write-only memory". Abbreviations are one of the shortcuts available to those who are condemned to write WOMs.

Since general medical journals expect to have many readers, they try to make their text as readable as possible. An article littered with abbreviations looks arcane and will turn readers away; to the uninitiated it is as hard to read as alphabet soup. Editors do not seem to consider abbreviations primarily as a means of shortening text. I recently wrote an editorial for another journal in which I repeatedly abbreviated "randomized clinical trial" as RCT. The editors re-expanded the phrase and at the same time asked me to shorten the article.

Even the most carefully consid-

ered and officially approved abbreviations can be difficult to follow. According to the "CBE Style Manual"² the seventh letter of the alphabet, written as g, g and G, means gram, gravity, and giga- or gauss respectively. And even if rapidly understood, abbreviations may not speed up reading much. A good reader who reads 440 words per minute (about 44 characters per second) will gain little time thanks to abbreviations: if a 1500-word text contains 100 abbreviations saving an average of 12 characters each, reading time will be reduced by only 27 seconds — assuming that the reader instantly understands all the abbreviations.

Davis notes that hospital accreditation committees require each hospital to formulate an approved list of abbreviations. These worthy guidelines could be enforced only by an abbreviation control officer paid to scrutinize acres of medical scribble. Better yet, senior clinicians could inspect the clinical chart as part of their teaching rounds. Their experience should allow them to recognize ambiguous or obscure abbreviations that might confuse colleagues or even endanger patients. Even if someone only occasionally read their notes, it would reassure students that they are not writing WOMs.

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References

1. Davis NM: *Medical Abbreviations: 2300 Conveniences at the Expense of Communications and Safety*, 2nd ed, Davis Assoc, Huntingdon Valley, Pa, 1985
2. CBE Style Manual Committee: *CBE Style Manual*, 5th ed, rev, Council of Biology Editors, Bethesda, Md, 1983: 248